EXECUTIVE SUMMARY FORM

Contract Name: Health Department Furniture	c	Contract No.:	GSA 6	5S-28F-0040V
Statement of Purpose and Need (3-5 Sentences) The Health D purchase the same make and model previously purchased.	Department is in need	of furniture for a	new en	nployee and would like to
Contract End Date:		Renewal Opt	tion:	☐ Yes ⊠ No
Maximum Dollar Limit: \$1,531.23				
Contract Information				
Firm Name: Bush Industries, Inc.	Contact Person: _ N	Malinda Graham		
Address: One mason Drive-PO Box 460	Phone No: 800-7	27-2874		
City: New York, NY State: AZ Fax:	Ema	il: melandage	aham	@bushindustries.com
Fund:	1	Type of Funds:		Restricted
Fund Code:	 _			Grant
				General Fund Other
Date Sent for Legal Review: n/a		Date Returned:		
Special Notes: Gila County is part of the GSA Cooperative, for cooperative purch the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in both time and money for a rate that already been of the county in the coun	nasing. By using the G	SA contract with B	iush Inc	dustries, Inc., it will save
Authorization to use a Cooperative Purchasing Agreeme furniture approved this <u>abm</u> day of ANUAR	ent with the State	of Arizona. Con		
TILA COUNTY MANAGER				



QUOTE

BUSH INDUSTRIES, INC. ONE MASON DRIVE, P.O. BOX 460 JAMESTOWN, NEW YORK 14702-0460 **TELEPHONE 800-727-2874** FAX 716-665-1111

This quote was developed with the following GSA CONTRACT NUMBER: GS-28F-0040V CONTRACT PERIOD: JULY 24, 2009 - JULY 23, 2019

PAGE:	1
QUOTE NUMBER:	
	206655
QUOTE DATE: Valid for 30 Days	01/25/16

QUOTE FOR: GSA CREDIT CARDS

SHIP TO: **GSA CREDIT CARDS**

Customer Reference CHAVEZ	Number:	Freight Code: 42	Order Ty GSA	•	Busi	h CRM Rep: I Email: MI	MELINDA O	NDA GRAHAM AGRAHAM@BUSHINDUSTRIES.COM			
MODE	EL NUMBER/DESCRIPTION	ON .		WGHT	QTY	LIST PRICE	GSA COST	EXT. WGHT	EXT. LIST	EXT. COST	
WC94454PSU WC94467PK WC94453PSU WC90436A WC94437P	48W Corner	WR MOBILE PE A 36" DESK		133 187 63 62 83	1 1 2 1 1	.00	307.16 368.17 196.41 143.34 194.74	133 187 126 62 83	. 0 . 0 . 0	307.16 368.17 392.82 143.34	
UOTE APPLIES TO P	RODUCT AND QU	JANTITY AS SHO	WN - CUR	RENCY	-1100		252100				
UOTE APPLIES TO PRODUCT AND QUANTITY AS SHOWN - CURRENCY - US\$ PRODUCT lease indicate if special delivery requirements are needed. Such requirements may be security TOTAL Barance, restricted delivery time - outside business hours, and/or certificate of insurance needed.							591	.00	1406.23		
REIGHT TERMS:			andros Cesti	meate of	msura	nce needed.		F	REIGHT	.00	
lditional delivery requirements may result in additional charges, contact Bush for quotation. pricing applies to shipments within the contiguous US, if international freight is needed or inland freight HI or AK additional freight will be quoted. The above charges are limited to deliveries to a commercial livery dock. If no dock is available or additional services are required, additional charges are applicable.						INSTALLATION		125.00			
ETURN POLICY: Istomer must obtain write to be required to pay all	a staliable of addi	uonai services are	e required,	addition	al char	ges are appli	cable.	GRAND '	TOTAL	1531.23	

also be required to pay all return freight charges. A restock fee of 20% will apply for all returned product. Product must be in original unopened carton. Open cartons or assembled product cannot be returned.

ORDER INFORMATION:

Email or fax purchase orders to the above CRM email address or fax number.

THANK YOU FOR THE OPPORTUNITY TO QUOTE THIS ORDER.

QUOTE APPROVED BY:

COUNTY MANAGER